



FUNDING APPLICATION COVER SHEET

Department of Career and Technical Education
SFN 15274 (11/03)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Title of Program/Project		CTE Use Program #	
Proposed Starting Date	Request Type New Program Transfer of Program Funding		
Fiscal Agent			
Address (City, State, Zip Code)			
Project Contact Person	Phone	Email Address	
Location of Project			
Address (City, State, Zip Code)			
<p>The signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.</p> <p>Signature of authorized official of applicant organization verifies that the necessary legal authority to apply for and to receive funding for the proposed activity.</p>			
_____ Authorized Official (Please print or type)		_____ Title	
_____ Email Address		_____ Phone	
_____ Signature of Authorized Official		_____ Date	

For instructional programs to be funded by the North Dakota Department of Career and Technical Education, please attach the following:

- A. A project description stating the intent of the project and how it aligns with the program standards of the CTE.
- B. A statement of need, which includes the methods by which the need was identified.
- C. A list of measurable project objectives.
- D. Funding Application Budget form (SFN 15275).

Note: The title of the proposed project must be listed at the top of each attached page.

CTE Use	
Approved	Disapproved
Comments _____ _____ _____	
_____ Signature of Supervisor	_____ Date